

FINAL RULE: NETWORK ADEQUACY

FREQUENTLY ASKED QUESTIONS

The direction provided in these FAQs is taken, in large part, from the Department of Mental Health and is based upon the latest information available from State Department of Health Care Services (DHCS). It is subject to change in future submissions.

NETWORK ADEQUACY REQUIRED:

1. Which providers (agencies) are required to complete the network adequacy information?

All providers (directly operated and contracted) that provide **residential and outpatient** (outpatient, intensive outpatient, and opioid treatment) **Medi-Cal** services **must** complete the network adequacy information regardless of funding source (e.g. SAPT BG, etc).

- Client Outreach and Engagement Navigation (CENS) or Community Opportunities for Recovery and Engagement (CORE) do not need to submit information.

2. Which practitioners (rendering providers) are included in the network adequacy information?

All practitioners who **currently provide direct services** must be included in the network adequacy information regardless of level (e.g. BA level staff), amount of time (e.g. a supervisor who rarely sees clients) and/or whether or not they carry a “caseload” (e.g. a housing coordinator, navigator, etc.).

PRACTITIONER (RENDERING PROVIDER)

3. If a practitioner worked part of the FY but has been terminated, do you still want them included as a practitioner? Also, I am assuming we should de-activate all staff who are showing up on the list and who did not work in this FY.

Network Adequacy only applies to **CURRENT** practitioners. Practitioners who no longer work for the agency, may be de-activated.

4. What is a “registered practitioner”? Do we place information for registered counselors here?

A registered provider is a practitioner who is accruing hours toward licensure. These individuals must be registered with a licensing board. This includes: Associate Clinical Social Worker(ACSW), Associate Marriage and Family Therapist(AMFT), Associate Professional Clinical Counselor(APCC), registered psychologists, and psychological assistants.

This does **NOT** refer to registered SUD counselor.

5. For a registered practitioner, do we include their registration number under “license number”? Or do we leave it blank?

Only place the registration number in the license number data field.

FINAL RULE: NETWORK ADEQUACY FREQUENTLY ASKED QUESTIONS

6. What do we do if a practitioner is not listed on the site location or in the Associated practitioner search list?

Because we have pulled this information from Sage, the list only contains practitioners who are registered on Sage. If a practitioner is not registered on Sage **AND** they provide direct services to Medi-Cal patients, then we have provided an excel spreadsheet for you to input their information.

7. Some of the practitioners that are pre-populated in NACT do not provide direct treatment services to clients. Do we still need to include them or can we deactivate?

If the practitioners never provide any direct treatment (e.g. no crisis intervention, no groups, etc.), then they may be deactivated in the system.

8. Some staff engage clients and have different titles from those listed on the NACT (i.e. techs, medical assistants, office managers, etc.). Should they still be included?

If any of the titles require that the practitioner be registered/certified counselors or an LPHA **AND** they provide direct services, then they should be included under the relevant discipline type.

9. What do I do if I do not see a practitioner that is associated with a site location?

Use the search icon on the “associated practitioner” tab as outlined in the Quick User Guide to locate the practitioner. If you are unable to locate the practitioner, let your assigned technical assistance person know.

NUMBERS OF BENEFICIARIES

NOTE: For numbers 7 and 8, “number of beneficiaries assigned” refers only to those Medi-Cal clients that are active (i.e. have not had services terminated).

10. How do we define maximum number of beneficiaries a Service Location will accept?

This is the number of beneficiaries assigned to the service location at the single point in time when that location had the most beneficiaries assigned during the reporting period (July 1-February 29).

If there are multiple service locations, do not worry about making adjustments for beneficiaries seen at multiple provider sites (i.e. do not worry about duplication).

11. How do we define current number of beneficiaries a Service Location?

This is the number of beneficiaries assigned to the service location NOW (i.e. the point in time in which the NACT is completed). Again, there is no need to make adjustments for beneficiaries seen at multiple locations.

NOTE: For numbers 9 and 10, below “beneficiaries assigned to the practitioner” refers to clients who the rendering provider is responsible for providing services to, or for following-up on.

12. How do we define maximum number of beneficiaries a practitioner will accept?

This is the number of beneficiaries assigned to the practitioner at the single point in time in which they had the most beneficiaries assigned during the reporting period (July 1 through February 29, 2020). This may or may not be referred to as “caseload.”

Practitioners are assigned by service location, so the current number of beneficiaries for each

FINAL RULE: NETWORK ADEQUACY FREQUENTLY ASKED QUESTIONS

provider should be calculated by location

13. How do we defined current number of beneficiaries a practitioner will accept?

This is the number of beneficiaries assigned to the practitioner NOW (i.e. the point in time in which the NACT is completed). This may or may not be referred to as “caseload.”

Practitioners are assigned by service location, so the current number of beneficiaries for each provider should be calculated by location.

14. Do we have to allocate clients to all staff identified in each site location even if they do not carry caseloads?

Yes, if they are listed in the NACT, are a practitioner, and provide direct services then you will need to determine the best strategy for determining the current and maximum number of beneficiaries.

15. Should we just put “0” if the practitioner does not have a set list of Medi-Cal clients assigned, for example in the case of clinic supervisors, physicians, etc..

No! Entering a “0” for any practitioner will automatically disqualify that practitioner from being counted toward fulfilling our County’s network adequacy requirement for providing specialty substance use disorder treatment services to its Medi-Cal beneficiaries.

16. I have staff that do groups only and do not have a case load. How do I input information if I cannot input “0”.

It is up to each agency to determine how they arrive at a current/maximum number in this situation. For example: using the maximum number of patients that can be in one group and the total number of groups they facilitate in a week.

COMMUNITY BASED SERVICES

17. How are satellite sites defined? If someone provides services at a site other than their assigned provider site, would that be considered a satellite site?

If there are sites that practitioners go to on a regular basis, then they should list those in community-based organizations.

For the purpose of this question, we are working with DHCS to confirm that “satellite site” refers to Field Based Locations.

CULTURAL COMPETENCY REQUIREMENTS

18. It was our understanding that we could use our internal cultural competency training as long as it contained certain elements. This is how we have done our cultural competency training. Is this acceptable?

Include any cultural competence training the practitioner completed during the past 12 months.

Please make sure that you enter the specific number of hours of CC trainings for each practitioner.